



# DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

## Public Safety Services



M. J. "MIKE" FOSTER, JR.  
GOVERNOR

V. J. BELLA  
STATE FIRE MARSHAL

### INTERPRETIVE MEMORANDUM 2000-15

Date: October 10, 2000

To: Healthcare District, Architects, Engineers and all Fire Alarm Firms  
(Class D)

From: Mark F. Gates *[Signature]*  
Chief Architect/Deputy Assistant Secretary

Re: Special Locking Arrangements in Healthcare Occupancies

The new Health Care Occupancy Chapter of NFPA 101, the Life Safety Code reads "... the authority having jurisdiction shall make appropriate modifications to those sections of the Code that would otherwise require means of egress to be kept unlocked."

This office has enforced particular operational features and has required specific written documentation regarding locking arrangements that do not conform exactly to minimum code requirements. Keypads and/or magnetic locks, are examples of special locking devices that are not specifically allowed in the code, and are therefore not permitted in healthcare occupancies unless acceptance is granted by the submittal of a "Special Locking Arrangements in Health Care Occupancies" EXEMPTION REQUEST FORM.

The following information is required to be submitted by the building owner anytime a special locking system, which does not conform to the provisions for delayed egress or access-controlled locking, is proposed for installation or is installed in a healthcare occupancy.

1. Completed "Special Locking Arrangements in Healthcare Occupancies" EXEMPTION REQUEST FORM. (Please refer to MEMORANDUM 2000-9 for access-controlled locking and delayed egress locking. Please also note that a different "Exemption Request Form" is required for those proposed installations.)
2. The required processing fee of \$20.00.
3. A description of how the system will work. (See "note" below).
4. Manufacturer's specification sheets for the system and devices.

NOTE: Please be advised that the "description of how the system will work" shall include ALL of the following on the "letterhead" of the applicable facility:

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"Is Yours Working"??

Smoke Detectors Save Lives!!

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY

3024



# Special Locking Arrangements in Health Care Occupancies REQUEST FOR EXEMPTION

NOTICE: Please be advised that this form rescinds the  
State Fire Marshal Memorandum (Dated 4/1/1998).

NOTE: A Key Plan and Letter from the Owner must accompany this request.  
See Memorandum 2000-15 for instructions

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
OFFICE OF STATE FIRE MARSHAL

5150 FLORIDA BOULEVARD  
BATON ROUGE, LOUISIANA 70806

PHONE (225) 925-4920 FAX (225) 925-4414

WEB SITE: [www.dps.state.la.us/sfm](http://www.dps.state.la.us/sfm)

**REVIEW FEE**  
**\$20.00**

DATE OF APPLICATION
STATE FIRE MARSHAL ARCHITECTURAL REVIEW NUMBER
<b>PO</b>

PROJECT TITLE (Name of Business)			
NAME OF BUILDING/ SHOPPING CENTER			
PHYSICAL LOCATION OF PROJECT		ADDRESS (Street/Suite)	
Inside City Limits <input type="checkbox"/>		CITY (In or Near)	ZIP CODE
Outside City Limits <input type="checkbox"/>			PARISH

## OWNER INFORMATION

FACILITY NAME		PHONE ( )
MAILING ADDRESS (Street/P.O. Box)		FAX ( )
CITY	STATE	ZIP CODE
CONTACT NAME	EMAIL ADDRESS	

A LOUISIANA LICENSED CLASS 'D' FIRM SHALL CONNECT  
THE LOCKING SYSTEM TO THE FIRE ALARM SYSTEM

## LOCKING SYSTEM INFORMATION

OCCUPANCY CLASS (NFPA 101)
LOCATION OF WORK IN THE BUILDING
DESCRIPTION OF THE LOCKING SYSTEM

## FIRE ALARM SYSTEM CONTRACTOR

EMPLOYEE NAME		EMPLOYEE LICENSE NO.	NICET LEVEL
FIRM NAME	FIRM MAILING ADDRESS		
CONTACT NAME			
FIRM LICENSE NUMBER	PHONE NO ( )	FAX NO ( )	
	EMAIL ADDRESS		

<b>READY FOR FIRE MARSHAL USE ONLY</b>	FOR FIRE MARSHAL USE ONLY	PROJECT NUMBER	REVIEW ARCHITECT
	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Comments	

DATE RECEIVED

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